

APPLICATION REQUEST FORM

DATE OF REQUEST: _____ # OF PKGS. _____

NAME OF REQUESTOR: _____

REQUEST TAKEN BY: _____

GAMBLING ESTABLISHMENT INFORMATION

NAME OF ESTABLISHMENT: _____
(If Applicable)

NAME OF DESIGNATED AGENT: _____
(If Applicable)

MAILING ADDRESS: _____
Street

PHONE NUMBER: (____) _____
City State Zip

(This section to be filled out by the by the Support Services Receptionist)

DATE REQUEST RECEIVED: _____

DATE MAILED: _____ BY: _____
(Initials)